GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:422
ANSWERED ON:22.08.2001
REDUCTION OF BIRTH RATE
GUNIPATI RAMAIAH;SUKENDER REDDY GUTHA

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government are aware that money spent on family welfare programmes has increased more than three times during the last one decade without any corresponding increase in the percentage of couples covered by various contraception or the CPR (couple protection rat

(e);

(b) if so, the reasons therefor; and

(c) the concrete steps taken/proposed to be taken especially in rural sector to bring down further birth rate?

Answer

MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR)

(a) to (c): A statement is laid on the Table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 422 FOR 22.8.2001

(a) & (b) The outlay for National Family Welfare Programme has increased from Rs. 1000 crore in 1992-93 to Rs. 4210 crore in 2001-02. The National Family Welfare Programme is a comprehensive programme covering Maternal Health, Child Health and Contraception issues. The outlay on supply of contraceptive has increased from Rs.68.50 crore in 1992-93 to Rs. 257.00 crore in 2001-02. The percentage of couples covered by various methods of contraceptives has increased from 40.6 (National Family Health Survey-1 conducted in 1992-93) to 48.2 (National Family Health Survey-11 conducted in 1998-99)

(c) The Government of India has already adopted National Population Policy 2000 to stabilize population in the country at the earliest. The following measures are being taken up to bring down the birth rate:

(i) An integrated and comprehensive programme of Reproductive and Child Health, which includes Maternal Health, Child Health and Contraception.

(ii) Information, Education & Communication Programme to create awareness and behavioral change for adopting small family norm. Simultaneously, intensifying publicity for family planning methods.

(iii) Address the unmet needs for basic reproductive and child health services, infrastructure and supplies of contraceptives through provision of integrated service delivery at village levels.

(iv) Community based social marketing of contraceptives.

(v) Strengthening of infrastructure and primary health care services in weaker districts by area specific projects.

(vi) Inclusion of diverse health care providers.

(vii) Reduce infant and maternal mortality.

(viii) Increasing safe deliveries by trained hands.

(ix) Achieve universal immunization of children against all vaccine preventable diseases.

(x) Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.

(xi) Make school education up to age 14 free and compulsory, and reduce drop outs at primary and secondary school levels to below 20 percent for both boys and girls.